



ETHICS COMMISSION
LOUISVILLE, KENTUCKY

METRO ETHICS COMMISSION
REQUEST FOR ADVISORY OPINION

Name _____

Date _____

Job Title/Office Held or Job Description _____

Check one:

_____ I am a Metro Officer requesting an opinion on an anticipated action or course of conduct.

_____ I am an Appointing Authority requesting an opinion on an act or course of conduct of a Metro Officer.

Phone number _____

Email _____

Opinion Requested

1) Which section(s) of the Ethics Ordinance do you believe will be or has been violated by the questioned action?

2) Describe the activity or circumstance that lead you to believe this action may result in a violation of the Ethics Ordinance (Attach any documents helpful to explain or demonstrate the situation)

3) If you need this opinion before **three weeks from the date of the request**, please give the date needed and explain why.

Name (Print)

Signature

(If you need to refer to the Ethics Ordinance, it may be viewed at www.louisvilleky.gov)